



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BRECKENRIDGE SURGERY CENTER
3201 EAST GEORGE BUSH FWY SUITE 100
RICHARDSON TX 75082

Respondent Name

PLANO INDEPENDENT SCHOOL DISTRICT

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-3975-01

MFDR Date Received

JULY 11, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The entire issue with this case is Dr. Garcia's errors in the pre-authorization request by the surgeon. Dr. Watumull, MD requested an arthroscopic repair of the TFCC. Dr. Garcia was mistaken when he stated Dr. Watumull had not requested an arthroscopy, because one of the procedures on the Adverse Determination letter requested by Dr. Watumull was an arthroscopic repair of the TFCC, procedure code 29846. Also, the Adverse Determination letter states the arthroscopic repair of the TFCC is a satisfactory method of repairing these injuries suffered by the injured worker."

Amount in Dispute: \$6,977.49

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The services underlying the disputed charges required preauthorization. The requestor sought, but never obtained preauthorization...Consequently, no reimbursement is due for the surgical procedures."

Response Submitted by: Plano ISD, c/o FOL, P.O. Box 201339, Austin, TX 78720

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 29, 2010	Ambulatory Surgical Care Services— CPT Codes 25320 and 29846	\$6,977.49	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307, effective May 25, 2008, sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.402, effective August 31, 2008, sets the reimbursement guidelines for the disputed service.

3. 28 Texas Administrative Code §134.600, effective May 2, 2006, requires preauthorization for specific treatments and services.
4. 28 Texas Administrative Code §133.2, effective July 27, 2008, defines a medical emergency.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated February 14, 2011

- 39-Services denied at the time authorization/precertification was requested.

Explanation of benefits dated April 11, 2011

- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 39-Services denied at the time authorization/precertification was requested.

Issues

1. Did the disputed ambulatory surgical center care services require preauthorization? Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier denied reimbursement for the disputed ambulatory surgical center care services, based upon "39-Services denied at the time authorization/precertification was requested."

28 Texas Administrative Code §134.600 (c)(1)(B), states "The carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur: (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care."

28 Texas Administrative Code §134.600(p)(2) states "Non-emergency health care requiring preauthorization includes: (2) outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section."

On December 13 and 28, 2010, the respondent denied reimbursement for CPT codes 25320-Capsulorrhaphy or reconstruction of the wrist; and 29846-Excision/Repair/Debridement Triangular Fibrocartilage.

Review of the submitted documentation finds that the requestor did not submit documentation to support that the disputed services were preauthorization per 28 Texas Administrative Code §134.600(p)(2). As a result, the insurance carrier's EOB denial of "39" is supported and no reimbursement is recommended.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the reimbursement amount sought by the requestor. The Division concludes that the requestor failed to support its position that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

6/18/2012

Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**
Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.